

ATABEK LAW CORPORATION

Employee Voluntary Life/Accidental Death & Dismemberment

Semi-monthly (24) Cost

Rates per
\$1000 of
coverage:

| EMPLOYEE Volume | AGE BANDS < 24 | \$0.11 25-29 | \$0.12 30-34 | \$0.15 35-39 | \$0.21 40-44 | \$0.31 45-49 | \$0.47 50-54 | \$0.73 55-59 | \$1.02 60-64 |
|--------------------|-------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| \$15,000 | \$0.83 | \$0.83 | \$0.90 | \$1.13 | \$1.58 | \$2.33 | \$3.53 | \$5.48 | \$7.65 |
| \$20,000 | \$1.10 | \$1.10 | \$1.20 | \$1.50 | \$2.10 | \$3.10 | \$4.70 | \$7.30 | \$10.20 |
| \$25,000 | \$1.38 | \$1.38 | \$1.50 | \$1.88 | \$2.63 | \$3.88 | \$5.88 | \$9.13 | \$12.75 |
| \$30,000 | \$1.65 | \$1.65 | \$1.80 | \$2.25 | \$3.15 | \$4.65 | \$7.05 | \$10.95 | \$15.30 |
| \$35,000 | \$1.93 | \$1.93 | \$2.10 | \$2.63 | \$3.68 | \$5.43 | \$8.23 | \$12.78 | \$17.85 |
| \$40,000 | \$2.20 | \$2.20 | \$2.40 | \$3.00 | \$4.20 | \$6.20 | \$9.40 | \$14.60 | \$20.40 |
| \$45,000 | \$2.48 | \$2.48 | \$2.70 | \$3.38 | \$4.73 | \$6.98 | \$10.58 | \$16.43 | \$22.95 |
| \$50,000 | \$2.75 | \$2.75 | \$3.00 | \$3.75 | \$5.25 | \$7.75 | \$11.75 | \$18.25 | \$25.50 |
| \$55,000 | \$3.03 | \$3.03 | \$3.30 | \$4.13 | \$5.78 | \$8.53 | \$12.93 | \$20.08 | \$28.05 |
| \$60,000 | \$3.30 | \$3.30 | \$3.60 | \$4.50 | \$6.30 | \$9.30 | \$14.10 | \$21.90 | \$30.60 |
| \$65,000 | \$3.58 | \$3.58 | \$3.90 | \$4.88 | \$6.83 | \$10.08 | \$15.28 | \$23.73 | \$33.15 |
| \$70,000 | \$3.85 | \$3.85 | \$4.20 | \$5.25 | \$7.35 | \$10.85 | \$16.45 | \$25.55 | \$35.70 |
| \$75,000 | \$4.13 | \$4.13 | \$4.50 | \$5.63 | \$7.88 | \$11.63 | \$17.63 | \$27.38 | \$38.25 |
| \$80,000 | \$4.40 | \$4.40 | \$4.80 | \$6.00 | \$8.40 | \$12.40 | \$18.80 | \$29.20 | \$40.80 |
| \$85,000 | \$4.68 | \$4.68 | \$5.10 | \$6.38 | \$8.93 | \$13.18 | \$19.98 | \$31.03 | \$43.35 |
| \$90,000 | \$4.95 | \$4.95 | \$5.40 | \$6.75 | \$9.45 | \$13.95 | \$21.15 | \$32.85 | \$45.90 |
| \$95,000 | \$5.23 | \$5.23 | \$5.70 | \$7.13 | \$9.98 | \$14.73 | \$22.33 | \$34.68 | \$48.45 |
| \$100,000 | \$5.50 | \$5.50 | \$6.00 | \$7.50 | \$10.50 | \$15.50 | \$23.50 | \$36.50 | \$51.00 |

Rate per \$1000 of coverage: **\$1.65**

| Pre Reduction Volume | Reduced Volume @ Age 65 | |
|-------------------------|----------------------------|---------|
| | by 35% | 65-69 |
| \$15,000 | \$9,750 | \$8.04 |
| \$20,000 | \$13,000 | \$10.73 |
| \$25,000 | \$16,250 | \$13.41 |
| \$30,000 | \$19,500 | \$16.09 |
| \$35,000 | \$22,750 | \$18.77 |
| \$40,000 | \$26,000 | \$21.45 |
| \$45,000 | \$29,250 | \$24.13 |
| \$50,000 | \$32,500 | \$26.81 |
| \$55,000 | \$35,750 | \$29.49 |
| \$60,000 | \$39,000 | \$32.18 |
| \$65,000 | \$42,250 | \$34.86 |
| \$70,000 | \$45,500 | \$37.54 |
| \$75,000 | \$48,750 | \$40.22 |
| \$80,000 | \$52,000 | \$42.90 |
| \$85,000 | \$55,250 | \$45.58 |
| \$90,000 | \$58,500 | \$48.26 |
| \$95,000 | \$61,750 | \$50.94 |
| \$100,000 | \$65,000 | \$53.63 |

\$3.20

| Reduced Volume @ Age 70 | |
|----------------------------|---------|
| by 50% | 70-74 |
| \$7,500 | \$12.00 |
| \$10,000 | \$16.00 |
| \$12,500 | \$20.00 |
| \$15,000 | \$24.00 |
| \$17,500 | \$28.00 |
| \$20,000 | \$32.00 |
| \$22,500 | \$36.00 |
| \$25,000 | \$40.00 |
| \$27,500 | \$44.00 |
| \$30,000 | \$48.00 |
| \$32,500 | \$52.00 |
| \$35,000 | \$56.00 |
| \$37,500 | \$60.00 |
| \$40,000 | \$64.00 |
| \$42,500 | \$68.00 |
| \$45,000 | \$72.00 |
| \$47,500 | \$76.00 |
| \$50,000 | \$80.00 |

| EMPLOYEE | |
|--|------------|
| Effective Date: | 07/01/2025 |
| Benefits Reduce 35% at age 65; then 50% @ age 70. | |
| All Employees must be actively at work on the effective date. | |
| Accelerated Death Benefit, 50% with 24 month life expectancy. | |
| Waiver of Premium to age 65 if totally disabled prior to age 60. | |
| Annual Election up to an additional \$25,000 without Evidence of Insurability. | |
| Portability and Conversion included to age 70. | |
| Other Limitations apply, see certificate for more information. | |

See Second Page for Dependent Benefits and Cost

ATABEK LAW CORPORATION

Spouse Voluntary Life/Accidental Death & Dismemberment

Semi-monthly (24) Cost

Rates per
\$1000 of
coverage:

| | \$0.13 | \$0.13 | \$0.14 | \$0.18 | \$0.25 | \$0.37 | \$0.57 | \$0.90 | \$1.25 |
|------------------|-------------------|--------|--------|--------|--------|--------|---------|---------|---------|
| SPOUSE Volume | AGE BANDS < 24 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 |
| \$7,000 | \$0.46 | \$0.46 | \$0.49 | \$0.63 | \$0.88 | \$1.30 | \$2.00 | \$3.15 | \$4.38 |
| \$10,000 | \$0.65 | \$0.65 | \$0.70 | \$0.90 | \$1.25 | \$1.85 | \$2.85 | \$4.50 | \$6.25 |
| \$12,000 | \$0.78 | \$0.78 | \$0.84 | \$1.08 | \$1.50 | \$2.22 | \$3.42 | \$5.40 | \$7.50 |
| \$15,000 | \$0.98 | \$0.98 | \$1.05 | \$1.35 | \$1.88 | \$2.78 | \$4.28 | \$6.75 | \$9.38 |
| \$17,000 | \$1.11 | \$1.11 | \$1.19 | \$1.53 | \$2.13 | \$3.15 | \$4.85 | \$7.65 | \$10.63 |
| \$20,000 | \$1.30 | \$1.30 | \$1.40 | \$1.80 | \$2.50 | \$3.70 | \$5.70 | \$9.00 | \$12.50 |
| \$22,000 | \$1.43 | \$1.43 | \$1.54 | \$1.98 | \$2.75 | \$4.07 | \$6.27 | \$9.90 | \$13.75 |
| \$25,000 | \$1.63 | \$1.63 | \$1.75 | \$2.25 | \$3.13 | \$4.63 | \$7.13 | \$11.25 | \$15.63 |
| \$27,000 | \$1.76 | \$1.76 | \$1.89 | \$2.43 | \$3.38 | \$5.00 | \$7.70 | \$12.15 | \$16.88 |
| \$30,000 | \$1.95 | \$1.95 | \$2.10 | \$2.70 | \$3.75 | \$5.55 | \$8.55 | \$13.50 | \$18.75 |
| \$32,000 | \$2.08 | \$2.08 | \$2.24 | \$2.88 | \$4.00 | \$5.92 | \$9.12 | \$14.40 | \$20.00 |
| \$35,000 | \$2.28 | \$2.28 | \$2.45 | \$3.15 | \$4.38 | \$6.48 | \$9.98 | \$15.75 | \$21.88 |
| \$37,000 | \$2.41 | \$2.41 | \$2.59 | \$3.33 | \$4.63 | \$6.85 | \$10.55 | \$16.65 | \$23.13 |
| \$40,000 | \$2.60 | \$2.60 | \$2.80 | \$3.60 | \$5.00 | \$7.40 | \$11.40 | \$18.00 | \$25.00 |
| \$42,000 | \$2.73 | \$2.73 | \$2.94 | \$3.78 | \$5.25 | \$7.77 | \$11.97 | \$18.90 | \$26.25 |
| \$45,000 | \$2.93 | \$2.93 | \$3.15 | \$4.05 | \$5.63 | \$8.33 | \$12.83 | \$20.25 | \$28.13 |
| \$47,000 | \$3.06 | \$3.06 | \$3.29 | \$4.23 | \$5.88 | \$8.70 | \$13.40 | \$21.15 | \$29.38 |
| \$50,000 | \$3.25 | \$3.25 | \$3.50 | \$4.50 | \$6.25 | \$9.25 | \$14.25 | \$22.50 | \$31.25 |

Rate per \$1000 of coverage: **\$2.04**

| Pre Reduction Volume | Reduced Volume @ Age 65 | |
|-------------------------|----------------------------|---------|
| | by 35% | 65-69 |
| \$7,000 | \$4,550 | \$4.64 |
| \$10,000 | \$6,500 | \$6.63 |
| \$12,000 | \$7,800 | \$7.96 |
| \$15,000 | \$9,750 | \$9.95 |
| \$17,000 | \$11,050 | \$11.27 |
| \$20,000 | \$13,000 | \$13.26 |
| \$22,000 | \$14,300 | \$14.59 |
| \$25,000 | \$16,250 | \$16.58 |
| \$27,000 | \$17,550 | \$17.90 |
| \$30,000 | \$19,500 | \$19.89 |
| \$32,000 | \$20,800 | \$21.22 |
| \$35,000 | \$22,750 | \$23.21 |
| \$37,000 | \$24,050 | \$24.53 |
| \$40,000 | \$26,000 | \$26.52 |
| \$42,000 | \$27,300 | \$27.85 |
| \$45,000 | \$29,250 | \$29.84 |
| \$47,000 | \$30,550 | \$31.16 |
| \$50,000 | \$32,500 | \$33.15 |

\$3.95

| Reduced Volume @ Age 70 | |
|----------------------------|---------|
| by 50% | 70-74 |
| \$3,500 | \$6.91 |
| \$5,000 | \$9.88 |
| \$6,000 | \$11.85 |
| \$7,500 | \$14.81 |
| \$8,500 | \$16.79 |
| \$10,000 | \$19.75 |
| \$11,000 | \$21.73 |
| \$12,500 | \$24.69 |
| \$13,500 | \$26.66 |
| \$15,000 | \$29.63 |
| \$16,000 | \$31.60 |
| \$17,500 | \$34.56 |
| \$18,500 | \$36.54 |
| \$20,000 | \$39.50 |
| \$21,000 | \$41.48 |
| \$22,500 | \$44.44 |
| \$23,500 | \$46.41 |
| \$25,000 | \$49.38 |

Child(ren) Voluntary Life

| | | |
|---------------------------|------------|--------|
| | | |
| Birth to 14 days: | | \$0 |
| 15 days to 6 months: | | \$500 |
| 6 months to 26 years old: | | |
| | Option(s): | Cost*: |
| | 5,000 | \$0.50 |
| | 10,000 | \$1.00 |

DEPENDENTS

| | |
|--|------------|
| Effective Date: | 07/01/2025 |
| Benefits Reduce 35% at age 65; then 50% @ age 70. | |
| Spouse cost is based upon spouse's age. | |
| *Child cost assessed once regardless of number of children to be covered. | |
| Dependent benefit limited to 50% of employee benefit. | |
| Dependents cannot be covered if employee is not covered. | |
| Coverage will be delayed if dependent is confined in a hospital or qualified treatment facility on the effective date. | |
| Other Limitations apply, see certificate for details. | |

See First Page for Employee Benefits and Cost